

Patent Attorney's Docket No. <u>015200-054</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pa	tent Application of)				
AMMON et al		Group Art Unit: 1623				
Applica	tion No.: 09/011,977	Examiner: Howard Owens Jr.				
Filed: June 15, 1998 For: USE OF BOSWELLIC ACID AND ITS DERIVATIVES FOR INHIBITING NORMAL AND INCREASED LEUCOCYTIC ELASTASE OR PLASMIN ACTIVITY		Confirmation No.: 1580 RECEIVED JUL 1 8 2002 TECH CENTER 1600/2900				
	AMENDMENT/REPLY TR	ANSMITTAL LETTER				
	at Commissioner for Patents gton, D.C. 20231					
Sir:						
Enc	closed is a reply for the above-identified pate	ent application.				
[]	A Petition for Extension of Time is also e	enclosed.				
[]	A Terminal Disclaimer and a check for [requisite Government fee are also enclose] \$55.00 (248) [] \$110.00 (148) to cover the ed.				
[]	Also enclosed is	·				
[]	[] Small entity status is hereby claimed.					
[]	[] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).					
	[] Applicant(s) previously submitted requested.	_, on, for which continued examination is				
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.					
[]	A Request for Entry and Consideration o (146/246) is also enclosed.	f Submission under 37 C.F.R. § 1.129(a)				

[X] No	additional	claim	fee	is	required.
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[] An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. Of CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (103) =	
Independent Claims		MINUS =		× \$84.00 (102) =	
If Amendment adds mu	ltiple depende	nt claims, add \$280.	00 (104)		<u> </u>
Total Amendment Fee	·· ·-				
If small entity status is	claimed, subtr	act 50% of Total Ar	nendment Fee		
TOTAL ADDITIONA	L'FEE DUÉ	FOR THIS AMEN	DMENT 🔭		

[]	A claim fee in the	amount of \$	is enclosed.
[]	Charge \$	to Deposit Account N	No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:

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Date: July 16, 2002